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CONFIRMATION NO. 6417

SERIAL NUMBER 10/644,370	FILING DATE 08/20/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 6517-002
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/841,674 04/24/2001 PAT 6,740,078

OK

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/16/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> filed after Allowance	COLOMBIA	DRAWING 4	CLAIMS 18	CLAIMS 4
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

22440
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TITLE

Method and apparatus for treating presbyopia

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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